

IAP15 Rec'd PCT/PTO 20 APR 2006

Application Data Sheet**Application Information**

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	DIAGNOSTIC PROBE AND KIT FOR TONOMETRIC EXAMINATION OF RESPIRATORY INSUFFICIENCY AND REGIONAL PERFUSION FAILURE OF THE BODY
Attorney Docket Number::	9007-1020
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: HUNGARY
Status:: Full Capacity
Given Name:: DOMOKOS
Middle Name::
Family Name:: BODA
Name Suffix::
City of Residence:: SZEGED
State or Province of
Residence::
Country of Residence:: HUNGARY
Street of Mailing ROOSEVELT TER 10-11
Address::
City of Mailing Address:: SZEGED
State or Province of Mailing Address::
Country of Mailing Address:: HUNGARY
Postal or Zip Code of Mailing Address:: H-6720

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/HU2004/000103	11/4/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
HUNGARY	P0303605	11/4/03	Yes

Assignment Information

Assignee Name:: SZEGEDI TUDOMANYEGYETEM
Street of Mailing DUGONICS TER 13
Address::
City of Mailing Address:: SZEGED
State or Province of Mailing Address::
Country of Mailing Address:: HUNGARY
Postal or Zip Code of Mailing Address:: H-6720